

## Medical Plan 2012 Benefit Highlights

Monroe County continues to offer BluePoint2 Value and Select, Point of Service (POS) plans administered through Excellus Blue Cross Blue Shield. A POS plan allows you the choice of going In- or Out-Of-Network for your services. You may choose physicians and hospitals within the network and receive a higher level of benefits. If you choose to go to a doctor or hospital that is not in the network, you still have coverage, however, you will receive benefits at a reduced level.

Type of plan	<i>Excellus BCBS Blue Point 2 Select POS</i>		<i>Excellus BCBS Blue Point 2 Value POS</i>	
	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Specialist Office Visit	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Deductible (Single/Family)	None	\$500/\$1500	None	\$750/\$2250
Employee Coinsurance	None	20%	None	20%
Out-of-Pocket Maximum (Single/Family)	None	\$1800/\$5400	None	\$2650/\$7950
Referrals Required	Not Required	Not Required	Not Required	Not Required
Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Dependent Age	26		26	
Healthy Rewards Program	Not available		Not available	
<b>PRESCRIPTION</b>				
Prescription Drug-Retail	\$5/\$20/\$35	Not Covered	\$10/\$25/\$40	Not Covered
Prescription Drug-Mail Order (90 day)	3x copay	Not Covered	3x copay	Not Covered
<b>HOSPITALIZATION</b>				
Inpatient Facility	Covered in full	Covered at 80% after deductible	\$100 copay	Covered at 80% after deductible
Outpatient Facility	Covered in full	Covered at 80% after deductible	\$50 copay	Covered at 80% after deductible
Emergency Room (waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$25 copay	Covered at 80% after deductible	\$25 copay	Covered at 80% after deductible
<b>SURGERY</b>				
Inpatient	Covered in full	Covered at 80% after deductible	20% coinsurance or \$100 copay, whichever is less	Covered at 80% after deductible
Outpatient	Facility covered in full, Physician \$15 copay	Covered at 80% after deductible	Physician \$20 copay	Covered at 80% after deductible
<b>PREVENTIVE CARE</b>				
Well Baby & Child Care (to age 19)	Covered in full according to national guidelines	Covered at 80% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
Adult Physical (Routine)	Covered in full according to national guidelines	Not Covered	Covered in full according to national guidelines	Not Covered
OB/GYN (Routine)	Covered in full	Covered at 80% after deductible	Covered in full	Covered at 80% after deductible
<b>OTHER SERVICES</b>				
Adult Immunizations	Covered in full	Not Covered	Covered in full	Not Covered
Chemotherapy	Covered in full	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic X-Ray	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic Laboratory	Covered in full	Covered at 80% after deductible	Covered in full	Covered at 80% after deductible
Mammogram (Routine)	Covered in full	Covered at 80% after deductible	Covered in full	Covered at 80% after deductible
Pap Smear (Routine)	Covered in full	Covered at 80% after deductible	Covered in full	Covered at 80% after deductible
Prostate Screening (Routine)	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Durable Medical Equipment (DME)	Covered at 80%	Covered at 50% after deductible	Covered at 80%	Covered at 50% after deductible
Ambulance	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Chiropractic Visit	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible

This benefits highlight contains only a general description of the coverage and does not constitute a policy contract. For complete information including exclusions, limitations and conditions, refer to the policy document. Neither the County, the carrier nor Brown & Brown will be held responsible for typographical or clerical errors.